

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000038797 (4)			
1. Corporation Name ROYAL YACHT SERVICES, INC.			
Principal Place of Business 2775 BAYVIEW DRIVE NAPLES FL 33962-3412 US		Mailing Address 2775 BAYVIEW DRIVE NAPLES FL 33962 US	
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 05/23/1994		3a. Date of Last Report 03/30/1995	
4. FEI Number 65-0504078		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent FLORES, PAUL 2775 BAYVIEW DRIVE NAPLES FL 33962 3412		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature type for principal and of registered agent and the applicable (b)(1)(E) Registered Agent signature is required when constituting (b)(1)(F)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FLORES, PAUL H	12 NAME	
STREET ADDRESS	1084 WHITEHEART CT	13 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	ALGY, PETER	22 NAME	AKEY, PETER
STREET ADDRESS	1810 GULFSHORE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/26/96 941-775-0117 Date Date of Filing	

CR2E034 (3/96)